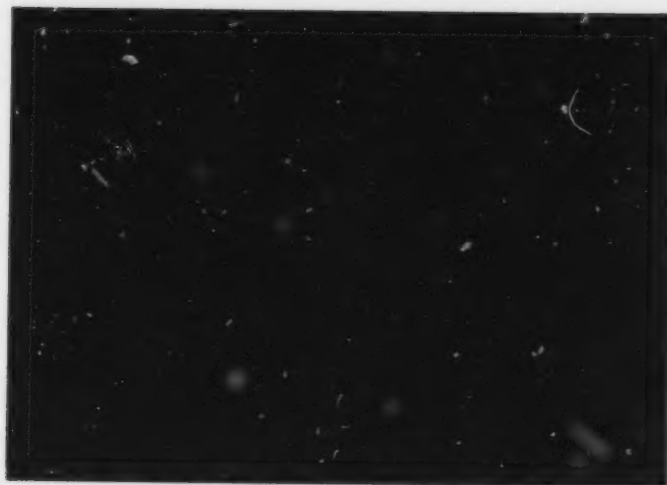




**Manitoba Health
Strategic
Management
Plan**



MANITOBA HEALTH

STRATEGIC MANAGEMENT PLAN

F.A. Maynard
Deputy Minister of Health

1990

Long Range Strategic Plan - Context

External Factors

- * Fiscal
- * Healthy public policy lacking
- * Perceptions and realities

Internal Factors

- * Strategic planning is weak
- * System management required

EXCERPT

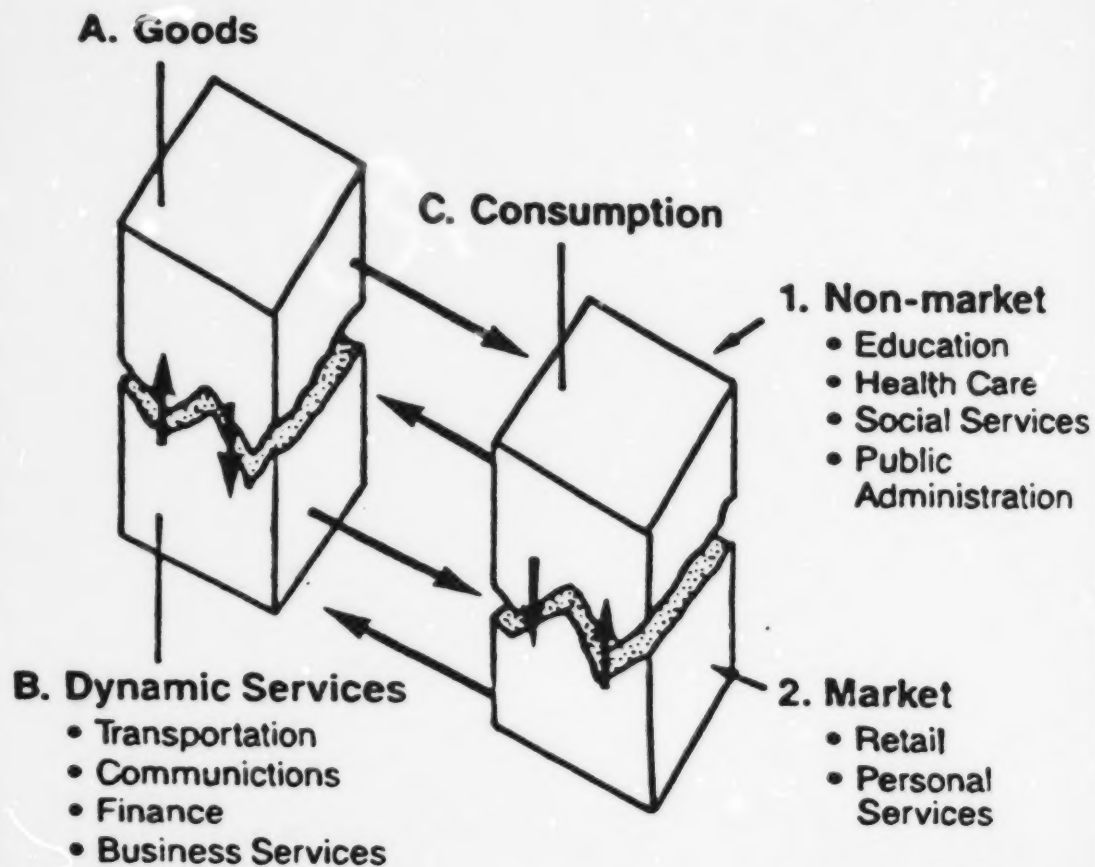
from

"Economic Growth: Change in a Global Economy"

... "The ability of countries to sustain and enhance their prosperity has become increasingly dependant on the capacity of firms to produce the new products and services that are knowledge-based. There is increasing concern that nations that have few technology-intensive industries competing successfully in today's global economy will have difficulty sustaining their prosperity and their overall standard of living in relation to the changing prosperity of other developed nations. The sector of our society that many Canadians value greatly (health care, education, and social services) depends for its existence on the revenue obtained from the income of the market sector.

The standard of living in developed countries has increased because the total capacity to produce has increased. When productive capacity increases, the citizens of a nation can choose to have more consumer goods, more health care, better education, a cleaner environment. ... If total capacity does not grow, any increase in the production of one good or service must be accompanied by a reduction in some other good or service."

Source: C.I.A.R.



Source: C.I.A.R.
Dr. Fraser Mustard

* Declining economic activity coupled with service demand leads to a fiscal crunch.

Fiscal Factors

- * **Economic conditions**
 - Declining economy, rising expectations
- * **Reduced federal commitments**
 - \$1,070 million less than expected
- * **Hospital wages**
 - Wages represent 67% of operating cost
- * **Physician manpower**
 - Twenty year doubling of physicians per population
- * **Professional demands:**
e.g. nursing contract 43 %
(147.0M)
- * **Capital investment not strategically planned**
(historical)
- * **Health expenditures increased 178% between 1974/75 and 1989/90**
 - Per capita expenditure up from \$537 to \$1852
- * **Provincial debt**
 - Cost of serving debt : 3.8 % in 1980
11.8 % in 1989

Healthy Public Policy Lacking

- * No mechanism for system-wide healthy public policy development.
- * Growing recognition that the determinants of health go beyond health care systems and include socio-economic factors.
- * Examples: unemployment, housing, geographic isolation, lack of social supports.

Perceptions and Realities

- * No "magic bullet"
- * Inequities in service delivery
 - urban versus rural
 - north versus south
 - individuals and groups at special risk

Strategic Plan - Process

- * Establish provincial health goals
- * Prioritize within fiscal framework
- * Health care system changes to achieve goals

Strategic Plan Principle Elements

- * Policy system changes
- * Management system changes

Policy System Changes

- * Hospital funding
- * Physician compensation
- * Healthy Public Policy
- * Public education strategies (policy)
- * Human resource requirements and allocation
- * Centre for Health Policy and Evaluation

EXAMPLES	Health	Highways	Family Services	Seniors	Sport	Justice	Education
Drugs & Alcohol	*	*	*	*	*	*	*
Drinking & Driving	*	*	*	*	*	*	*
Suicide	*	*	*	*	*	*	*
Food & Nutrition	*		*	*		*	*

Interdepartmental Steering Committee on Healthy Public Policy

CHAIR: Deputy Minister of Health

MEMBERSHIP: Deputy Ministers of relevant departments

ACTIVITIES

1. Direct the implementation of policies, programs and legislative initiatives as directed by Human Services Committee of Cabinet.
2. Identify and direct development of priorities and opportunities for improving health status through interdepartmental cooperation on policies and cost effective service delivery.
3. Direct the implementation of "Partners for Health" Communication initiatives across Government.
4. Develop recommendations for Human Services Committee of Cabinet.

Management System Changes

- * Prioritization based on:
 - prevalence of disease/condition
 - resource allocation to incorporate outcome and effectiveness criteria
- * New intervention and technology assessment
 - sunset clause
 - outcome evaluation
- * Envelope Accountability System
- * Ministry & system re-organization
 - to meet system changes
- * Facility system audits

Excerpt from Privacy Commissioner Annual Report 1989-90

Statistics Canada proposes to cooperate on a health survey with the Manitoba Department of Health and the Canadian Institute for Advanced Research. The project would link limited information from the Manitoba health data bank with Statistics Canada data, including some taken from the 1986 census.

The proposal, known as the Manitoba Population Health Pilot Project, would create a statistical data base to help the Manitoba government assess its health care needs and to develop health policy options. ...

The Privacy Commissioner agreed that the proposed pilot project had potential for contributing significantly to the public interest; most important, he considered it possible to accomplish the goal without intruding on personal privacy. ...

* * *

First Initiative

Cancer Policy The Spectrum of Caring

1. Why is a policy necessary?
2. How should we go about developing a policy?
3. Where do we go from here?

EXAMPLES OF POLICY INITIATIVES TO FOLLOW

- * Heart Disease...
Prevention, Treatment & Care**
- * Emergency & Trauma Care**
- * Mental Health - Phase II**